



TAD In Excess (TADIE) Assessment Form

Privacy Act Statement Authority: 10 USC 5013; EO 9397 (SSN); nm05000-3 Organization management and Locator System (August 15, 2006, 71 FR 46898). **Purpose:** To evaluate individual readiness posture and to provide individuals selected for deployment necessary information to ensure their preparedness. **Routine Uses:** Department of the Navy Blanket Routine Uses (found at privacy.navy.mil). **Disclosure:** Voluntary.

Today's Date:		Parent Command:	
SERVICEMEMBER'S CURRENT INFORMATION			
Last Name:	First:	Rank:	Section: DOB: (MM/DD)
Personal Email:		Duty Phone:	Home/Cell Phone:
Which does your family reside?		(city)	(state)
FAMILY'S CURRENT CONTACT INFORMATION			
Spouse/Parent's Last Name:		First:	
Current Mailing Address:			Apartment #:
City:	State:	Zip Code:	Home/Cell Phone:
Spouse/Parent's Email Address:			
Will your family remain in the local area?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Does Not Apply: <input type="checkbox"/>	
What type of contact would your family desire?		Email: <input type="checkbox"/> Phone: <input type="checkbox"/> Mail: <input type="checkbox"/>	
Did you receive the Pre-Deployment Handbook? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Do you have a current Family Care Plan filed with your deploying command? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If Yes, who has a copy?			
If No, when will it be completed?			
Family Member/Dependent Information:			
1. Name:		Age:	Relation:
2. Name:		Age:	Relation:
3. Name:		Age:	Relation:
4. Name:		Age:	Relation:
5. Name:		Age:	Relation:
6. Name:		Age:	Relation:
7. Name:		Age:	Relation:
Comments/Remarks:			
** EMAIL COMPLETED FORM BACK TO SMBLOGCOMFRO@USMC.MIL. **			

Date Card Sent to Family:

Date Phone Call Made:

Comments: _____